

This form **must** be initialed and signed by the owner of the establishment applying for or renewing a Board of Health Tobacco Retailer's Permit.

No permit will be issued until this checklist has been initialed and signed.

_____ **I understand** that no person shall sell tobacco or nicotine delivery products to a minor

_____ **I understand** that each person selling or distributing tobacco or nicotine delivery products shall verify the age of every purchaser by means of a valid government issued photo identification

_____ **I understand** that the sale or distribution of blunt wraps is prohibited

_____ **I understand** that single cigar minimum pricing is \$2.50

_____ **I understand** that packaging of two or more cigars minimum pricing is \$5.00

_____ **I understand** that tobacco and nicotine delivery products must be sold in their original packaging

_____ **I understand** that the sale of single or loose cigarettes or cigarettes in packages fewer than 20 cigarettes is prohibited

_____ **I understand** that self-service tobacco and nicotine delivery product displays from which the customer may select tobacco products, lighters, or matches are prohibited

_____ **I understand** that I may not sell tobacco products below state minimum prices

_____ **I understand** that a "we card all" sign must be on display at every point of sale

_____ **I will** provide the Northampton Health Department with proof of a current "**Cigarette Retail License**" from the Massachusetts Department of Revenue. (**Attach copy of DOR license**)

_____ **I understand** that I am responsible for informing any and all persons who sell tobacco at my business about both state and local regulations pertaining to tobacco sales

_____ **I understand** that the Northampton Board of Health or its designee will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors.

This means that:

- The Board of Health will send minors into my establishment who will attempt to purchase tobacco products
- These minors may or may not look 18 years of age
- These minors may or may not have ID

_____ **I understand** that penalties for violation of the regulation include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery product as follows:

- 1st Violation - \$100.00 fine
- 2nd Violation - \$200.00 fine **AND** permit suspended for 7 days
- 3rd Violation - \$300.00 fine **AND** permit suspended for 30 days
- 4th Violation - Permit to sell tobacco and nicotine delivery products revoked

_____ **I have read and understand the Regulation of the City of Northampton Board of Health Restricting the Sale of Tobacco Products and Nicotine Delivery Products**

Signature_____Date_____

Please Print Name_____Title_____

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. TOB -	YEAR 2017
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APPLICATION FOR TOBACCO RETAILER'S PERMIT



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$200.00

CASH ☐ CHECK ☐

Non-Refundable Fee

Name of Retailer _____ Date _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

Business Telephone Number _____ Email Address _____

MA Department Of Revenue CIGARETTE RETAILER'S LICENSE NUMBER (5-digits) _____
(A copy of this license, or other proof of payment, MUST BE ATTACHED to this Application)

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under the law.

Signature of Individual or Corporate Officer Date

Telephone # Social Security or Federal ID#

This permit applies to all tobacco and/or nicotine delivery products.